PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY PATENT APPLICATION TRANSMITTAL

		of information unless it displays a valid of the control fluribe					
Attorney Docket No.		022719-0045					
First Ir	rventor	Meir Rosenberg					
Title	INTRA-VEN	TRICULAR PRESSURE SENSING					

(Only for new nonprovisional applications under 37 CFR 1.53(b))	CATHETER						
	ss Mail Label No. EV324848911US						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
specification following the title, or in an Application Data Sheet under Continuation Divisional Continuation-in-particle Prior application information: Examiner	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. X Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations  13. Preliminary Amendment  14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certifled Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. X Other: Check in the Amount of \$40.00 Check in the Amount of Application Title Sheet  supply the requisite information below and in the first sentence of the register of the prior application, from which an oath or declaration is supplied						
reference. The incorporation can only be relied upon when a portion	nying continuation or divisional application and is hereby incorporated by has been inadvertently omitted from the submitted application parts.						
19. CORRES	SPONDENCE ADDRESS						
X Customer Number: 021125	OR Correspondence address below						
NUTTER MCCLENNEN & FISH LI Lisa J. Michaud	LP /						
World Trade Center West 155 Seaport Boulevard							
City Boston State	MA Zip Code 02210-2604						
Country US Telephon	ne   (617) 439-2550   Fax   (617) 310-9550						
Name (Print/Type) Lisa J. Michaud	Registration No. (Attorney/Agent) 44,238						
Signature	Date August 22, 2003						



EXPRESS MAIL LABEL NO.: EV324848911US

PTO/SB/17 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known

FEE TRANSMITTAL		Complete if Known  Not Yot Assigned								
	•	Application Number Not Yet Assigned								
for FY 2003		Filing Date				Concurrently Herewith				
Effective 01/01/2003, Patent fees are subject to annual revision.		First Named Inventor				Meir Rosenberg				
		Exam	iner Na	ame		Not Yet Assigned				
Applicant claims small entity status. See 37 CFR 1.27		Art Un	iit _			N/A				
TOTAL AMOUNT OF PAYMENT (\$) 1,144.00	_	Attorney Docket No. 022719-0045								
METHOD OF PAYMENT (check all that apply)	T	FEE CALCULATION (continued)								
X Checks Card Money Order Other None	3. A	3. ADDITIONAL FEES								
Deposit Account:	Large	e Entity	Small	Entity						
Deposit Account Number	Fee Code	Fee	Fee Code	Fee (\$)	-	Fee Description	Fee Paid			
Deposit Account Nutter McClennen & Fish LLP	1051	130	2051	65	Surcharge	- late filing fee or oath				
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	er				
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-Englis	sh specification				
Charge any additional fee(s) during the pendency of this application	1812	2,520	1812	2,520	For filing a r	For filing a request for ex parte reexamination				
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Examiner a	equesting publication of SIR prior to xaminer action				
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting . Examiner a	g publication of SIR after	[ ]			
FEE CALCULATION	1251	110	2251	55	Extension f	for reply within first month				
1. BASIC FILING FEE	1252	410	2252	205	Extension f	for reply within second month				
Large Entity Small Entity  Fee Fee Fee Fee Description Fee Paid	1253	930	2253	465	Extension (	for reply within third month				
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,450	2254	725	Extension 1	for reply within fourth month				
1001 750 2001 375 Utility filing fee 750.00	1255	1,970	2255	985	Extension f	for reply within fifth month				
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of A	••				
1003 520 2003 260 Plant filing fee	1402	320	2402	160	-	ef in support of an appeal				
1004 750 2004 375 Reissue filing fee 1005 160 2005 80 Provisional filing fee	1403	280	2403	140		or oral hearing				
	1451 1452	1,510 110	1451 2452	55		institute a public use proceeding revive – unavoidable				
<b>SUBTOTAL (1)</b> (\$) 750.00	1453		2453	650		revive - unintentional				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650		e fee (or reissue)				
Extra Fee from	1502	470	2502	235	Design issu					
Total Claims 35 -20** = 15 x 18.00 = 270.00	1503	630	2503	315	Plant issue	e fee	-			
Independent 4 -3** = 1 x 84.00 = 84.00	1460	130	1460	130	Petitions to	the Commissioner				
Claims 4 5 5 6 64.00   Claims   Claims	1807	50	1807	50	Processing	rocessing fee under 37 CFR 1.17(q)				
Large Entity   Small Entity	1806	180	1806	180	Submission	nission of Information Disclosure Stmt				
Fee Fee Fee Fee Fee Description	8021	40	8021	40		each patent assignment per	40.00			
1202 18 2202 9 Claims in excess of 20	1809	750	2809	375		imes number of properties) bmission after final rejection 129(a))	10.00			
1201 84 2201 42 Independent claims in excess of 3	1810	750	2810	375	For each a	dditional invention to be				
1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 ** Reissue independent claims	1801	750	2801	375		(37CFR 1.129(b))	<b>  </b>			
over original patent	1				-	or Continued Examination (RCE) or expedited examination				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	ſ	1802 900 1802 900 Request for expedited examination of a design application  Other fee (specify)								
SUBTOTAL (2) (\$) 354.00	*Redi	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00								
**or number previously paid, if greater, For Reissues, see above						· · · · · · · · · · · · · · · · · · ·				
SUBMITTED BY						(Complete (if applicable))				
Name (Print/Type) Lisa J. Michaud		ration No ev/Agent)		,238		Telephone (617) 439-200	0			
A A A A A A A A A A A A A A A A A A A										
Signature Date August 22, 2003										